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25893 7590 07/23/2004
AUTOMATIC IMPULSE MACHINE DESIGN INC
LAWRENCE C EDELMAN, IP COUNSEL
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10/29/2004 MBERHE1 00000043 501960 10766178

01 FC:2501 685.00 DA
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| |
|---|
| <i>LAWRENCE C. EDELMAN</i> (Depositor's name) |
| <i>Lawrence C. Edelman</i> (Signature) |
| 10 - 25 - 2004 (Date) |

| APPLICATION NO. | FILING DATE | FIRST NAMED INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
|-----------------|-------------|----------------------|---------------------|------------------|
| 10/766,178 | 01/27/2004 | Munroe Chirnmas | 01PA20AUS01 | 3588 |

TITLE OF INVENTION: METHOD AND APPARATUS FOR CONTROLLING RENTED OR LEASED OR LOANED EQUIPMENT

| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
|----------------|--------------|-----------|-----------------|------------------|------------|
| nonprovisional | YES | \$665 | \$300 | \$965 | 10/25/2004 |

| EXAMINER | ART UNIT | CLASS-SUBCLASS |
|------------------|----------|----------------|
| CRAWFORD, GENE O | 3651 | 700-244000 |

| | |
|--|---|
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | 2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. |
| <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | 1 <i>LAWRENCE C. EDELMAN</i> |
| <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | 2 _____ |

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Please check the appropriate assignee category or categories (will not be printed on the patent): individual corporation or other private group entity government

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4b. Payment of Fee(s):

Issue Fee
 Publication Fee (No small entity discount permitted)
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The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number 501960 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is not claiming SMALL ENTITY status. See, e.g., 37 CFR 1.27(g)(2).

The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

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(Authorized Signature)

(Date)

10 - 25 - 2004 (OCTOBER 25, 2004)

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